

SECRET

Tel. Ext. \_\_\_\_\_  
Date \_\_\_\_\_

25X1C4a

COVERT PERSONAL SERVICES CONTRACT  
INFORMATION AND CHECK LISTPseudonym \_\_\_\_\_ Project \_\_\_\_\_  
Status: \_\_\_\_\_\*Staff Agent, Career Agent, Agent, Consultant or Covert Detail  
\* \_\_\_\_\_Is ultimate conversion to staff status anticipated? \_\_\_\_\_  
Is the individual presently engaged by CIA in any capacity? \_\_\_\_\_ Describe \_\_\_\_\_Security Clearance: Type: \_\_\_\_\_ Date: \_\_\_\_\_  
T/O: Does this individual block a project T/O slot? (Yes - No) \_\_\_\_\_  
Acknowledgment of pseudonym on file in \_\_\_\_\_

## I. Proposed Assignment

- A. Duties: (Cutout, courier, reports, liaison and contacts, major operational duties, administrative, etc.) \_\_\_\_\_
- B. Anticipated Duration: \_\_\_\_\_
- C. Permanent Post (City and Country) \_\_\_\_\_

## II. Personal Qualifications

- A. Citizenship \_\_\_\_\_
- B. Age \_\_\_\_\_
- C. Normal residence (City and Country) \_\_\_\_\_
- D. Marital Status \_\_\_\_\_
- E. Number of dependents (including spouse) \_\_\_\_\_
- F. Education (check) High School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate \_\_\_\_\_
- G. Military Status: Retired \_\_\_\_\_ Reserve \_\_\_\_\_ Draft eligible \_\_\_\_\_
- H. (1) Highest previous salary earned \_\_\_\_\_  
(2) Last previous salary earned \_\_\_\_\_
- I. Special qualifications for assignment (area experience, language, contacts, technical or professional skills, general proven abilities) \_\_\_\_\_

## III. Cover Activity Proposed

- A. Brief Description: \_\_\_\_\_
- B. Miscellaneous (check appropriate items)  
(CIA Proprietary Activity \_\_\_\_\_ (Durable Long Range Cover \_\_\_\_\_  
(CIA Subsidized Activity \_\_\_\_\_ (Short Range Cover \_\_\_\_\_  
(Neither \_\_\_\_\_
- C. Does the individual have a cover activity which was previously established without the assistance of CIA and which will be continued? \_\_\_\_\_
- D. If the answer to (C) is yes, explain in detail, indicating, among other things, the amount of compensation which will be paid by the cover activity for bona fide services without reimbursement from CIA \_\_\_\_\_
- E. Will any portion of the compensation or allowance paid by the cover activity be offset against amounts due from CIA? \_\_\_\_\_

## IV. Special Field Conditions

- A. Will the agent be able to make frequent contact with a CIA base possessing forms and regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. If so, does the base have adequate communication facilities? \_\_\_\_\_
- C. Will the agent have access to administrative advice from a field base? \_\_\_\_\_
- D. Will the agent be working with staff employees or staff agents under comparable security and cover conditions and with comparable administrative supervision? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Would detection of the possession of routine administrative or financial data probably result in arrest of the individual or jeopardy to his safety? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Would detection of the possession of operational data probably result in the arrest of the individual or jeopardy to his safety? Yes \_\_\_\_\_ No \_\_\_\_\_
- G. Aside from C.E. action, is this agent likely to sustain physical injuries in the course of training or because of the nature of the cover activities? Yes \_\_\_\_\_ No \_\_\_\_\_

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A. Compensation:

|                                    | CIA      | COVER        |
|------------------------------------|----------|--------------|
| (1) Basic                          | \$ _____ | \$ _____ ( ) |
| (2) Additional (Post Differential) | \$ _____ | \$ _____ ( ) |
| (3) Profit participation or bonus  | \$ _____ | \$ _____ ( ) |
| (4) Total                          | \$ _____ | \$ _____ ( ) |

B. Quarters: Furnished by: Govt. \_\_\_\_\_ Cover \_\_\_\_\_ Individual \_\_\_\_\_

C. Allowances: (Normally granted only to residents of U. S.)

|                    | CIA      | COVER        |
|--------------------|----------|--------------|
| 1. Living-Quarters | \$ _____ | \$ _____ ( ) |
| 2. Cost-of-Living  | \$ _____ | \$ _____ ( ) |
| 3. Other           | \$ _____ | \$ _____ ( ) |
| 4. Total           | \$ _____ | \$ _____ ( ) |

5. Basis for payment: (check one)

- (1) Per SGCAR's as to rates and application (normal in absence of extenuating security or administrative problems) \_\_\_\_\_
- (2) Per SGCAR's as to rates but with only general application of normal procedures \_\_\_\_\_
- (3) Per other basis - describe and justify \_\_\_\_\_

D. Operational Expenses: (Check proper space. If maximum limit, give dollar value)

- 1. Purchase of information. Yes \_\_\_\_\_ No \_\_\_\_\_ Limit \_\_\_\_\_ (amount) \_\_\_\_\_
- 2. Entertainment. Yes \_\_\_\_\_ No \_\_\_\_\_ Limit \_\_\_\_\_ (amount) \_\_\_\_\_
- 3. Use of personal vehicle - authorized rate per mile \_\_\_\_\_ (amount) \_\_\_\_\_
- 4. Other (describe) \_\_\_\_\_ Limit \_\_\_\_\_ (amount) \_\_\_\_\_

E. Travel Expenses:

- 1. Individual with dependents \_\_\_\_\_ without dependents \_\_\_\_\_
- 2. If "with" dependents, identify relationship \_\_\_\_\_
- 3. Household effects \_\_\_\_\_
- 4. Personal vehicle \_\_\_\_\_
- 5. Is field travel authorized only on CIA direction? \_\_\_\_\_
- 6. Basis for payment: (check one)
  - (a) Per SGTR's as to rates and application \_\_\_\_\_
  - (b) Per SGTR's as to rates but with only general procedural requirements \_\_\_\_\_
  - (c) Other (describe fully) \_\_\_\_\_
- 7. Will any travel expense be paid by cover? (Describe and add "R" if reimbursable.) \_\_\_\_\_

F. Miscellaneous Benefits:

(Except in special cases, applicable only to Staff and Career Agents. Check as appropriate.)

- 1. Death and disability: 25X1C4a
  - (a) Per Federal Employees' Compensation Act \_\_\_\_\_
  - (b) Other (Give details) \_\_\_\_\_
- 2. Leave: (If other than per CIA or \_\_\_\_\_ regulations, give amounts)
  - (a) Annual \_\_\_\_\_ (b) Sick \_\_\_\_\_ (c) Home \_\_\_\_\_
- 3. Retirement reserve \_\_\_\_\_
- 4. Continuance pay and allowances per Missing Persons Act \_\_\_\_\_
- 5. Overseas insurance:
  - (a) Life \_\_\_\_\_
  - (b) Hospitalization \_\_\_\_\_
  - (c) Premium payment by individual \_\_\_\_\_
  - (d) Premium payment by CIA \_\_\_\_\_
- 6. Rehabilitation rights \_\_\_\_\_

G. Term.

- 1. Duration of Contract \_\_\_\_\_
- 2. Effective date of Contract:
  - (a) On execution (check) \_\_\_\_\_ (b) Other (specify) \_\_\_\_\_
- 3. Renewable: Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Termination Notice \_\_\_\_\_ (number of days, if any)
- 5. Forfeiture of return travel for resignation prior to contract term.
  - Yes \_\_\_\_\_ No \_\_\_\_\_ (Explain) \_\_\_\_\_

H. Additional or unusual requirements, justifications or explanations  
Sanitized - Approved For Release : CIA-RDP56-00071A000100060015-6

Approving Officer